AMENDMENT TRANSMITTAL LETTER						Docket No. IFM-001CPCNs	
Application No. 10/686496-Conf. #3544			Filing		Examiner		Art U
		am G. TATTOI	October 1	4, 2003	Z. A. Fay		1618
Applicant			· · · · · · · · · · · · · · · · · · ·				
Invention:		CELL FUNCT		S TO MAINTA	AIN, PREVENT LOS	SS, OR RE	COVER
		TO	THE COMM	SSIONER FO	OR PATENTS		
Transmi	tted herev	with is an amer	ndment in the	above-identif	ied application.		
The fee	nas been	calculated and	d is transmitte	d as shown b	elow.		
				S AS AMENI	DED		
		Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total C	laims	17	- 20 =	rieseiit	X		
Indepe Claims		1	- 3 =		x		
		ent Claims (che	ck if applicabl	e)			4. 4
-		(0110		<u>'</u>			
Other f	ee (please	e specify): E	xtension for res	ponse within fo	ourth month	i e e te	795.00
TOTAL	ADDITIO	ONAL FEE FO	R THIS AME	NDMENT:		100	795.00
Lar	ge Entity	•			x Small Entity		
No	additional	l fee is required	d for this amer	ndment.			
× Plea	ase charg	e Deposit Acc	ount No.	12-0080 ir	n the amount of \$	795.0	0 .
		opy of this she			· -		
∏A cl	neck in the	e amount of \$		to cover	the filing fee is encl	osed.	
	Payment by credit card. Form PTO-2038 is attached.						
=	ment by c	credit card. Fo	orm PTO-2038	is attached.			
Pay	Director	is hereby auth	orized to char	ge and credit	Deposit Account No	o. <u>12-</u> 0	080
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Pay X The as c X X Cynthia Attorne	Director described Credit an Charge an M. Soroey Reg. No	is hereby auth below. A duply overpayment of the second of	orized to char licate copy of t.	ge and credit this sheet is e	enclosed. fees required under 3	7 CFR 1.16	3 and 1.1
Pay X The as c X X Cynthia Attorne LAHIV 28 Star	Director described Credit and Charge and M. Soroey Reg. Notes to Street	is hereby auth below. A duply by overpayment my additional filitions	orized to char licate copy of t. Ing or application	ge and credit this sheet is e	enclosed. fees required under 3	7 CFR 1.16	6 and 1.1

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 553 864 231 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: November 15, 2005

Signature:

(Cynthia M. Soroos)

PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006 OMB 0651-0032

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							nplete if Knov		
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/686496-Conf. #3544					
FEE TRANSMITTAL				Filing Date			October 14, 2003		
For FY 2005				First Named Inventor			William G. TATTON		
F01 F1 2005				Examiner Name 2			Z. A. Fay		
X Applicant claims small entity status. See 37 CFR 1.27				Art Unit			1618		
TOTAL AMOUNT OF PAYMENT (\$) 795.00 Attorney Docket No. IFM-001CPCN5							, <u>,</u> .		
METHOD OF PAYMEN	T (check all ti	nat apply)							
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of gee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION	57 CI K 1.10 A	2110 1.17							
1. BASIC FILING, SEARCH	. AND EXAM	INATION FEE	s						
,	•	G FEES		ARCH FE	ES	EXAMI	NATION FEES		
Application Type	Fee (\$)	Small Entity	E00 (\$	Small Foo		Fee (\$)	Small Entity Fee (\$)	Foos B	aid (\$)
Utility	300	<u>Fee (\$)</u> 150	Fee (\$)	Fee 25		200	100	1 663 1	aiu (#/
Design	200	100	100		0	130	65		
Plant	200	100	300	15	-	160	80	-	
Reissue	300	150	500	25	=	600	300		
Provisional	200	100	0		0	0	0		
2. EXCESS CLAIM FEES			•		-	_			Small Entity
Fee Description								Fee (\$)	Fee (\$)
Each claim over 20 (includi	ng Reissues)							50	25
Each independent claim over	er 3 (includin	g Reissues)						200	100
Multiple dependent claims								360	180
							ependent Claims		
1720 =	×	=				<u>F</u>	ee (\$ <u>)</u>	Fee Paid (\$)
Indep. Claims Extra	Claims F	ee (\$)	Fee F	aid (\$)					-
1 -3=	x _	=			_				
3. APPLICATION SIZE FEE									
If the specification and dra listings under 37 CFR I sheets or fraction thereo	1.52(e)), the a	pplication size	fee du	e is \$250	(\$125 f	onically f or small e	iled sequence or entity) for each a	computer dditional 50)
	oi. See 33 U. ctra Sheets	ا)(۱)(۵).c. 41 <u>Number of</u>				tion there	of Fee (\$)	Foo C	Paid (\$)
- 100 =	tua onecto	/50	caona					=	147
- 100 = /50 (round up to a whole number) x =						Paid (\$)			
Non-English Specification, \$130 fee (no small entity discount)									
Other (e.g., late filing surcharge): 2254 Extension for response within fourth month 795.00					5.00				
SUBMITTED BY	A.	, 							
Signature	MUM		/	Registration (Attorney/Ag	No. ent)	53,623	Telephone	(617) 22	7-7400
Name (Print/Type) Cynthia M	Šoroos						Date 1	November	15, 2005

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date shown below.	('mittuall)

Dated: November 15, 2005

Signature: _

(Cynthia M. Soroos)